

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): <div style="border-bottom: 1px solid black; height: 20px; margin-top: 10px;"></div>	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>): Insert name of court and name of judicial district and branch court, if any:		
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:		
NOTICE OF ENTRY OF DISMISSAL AND PROOF OF SERVICE <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Other (<i>specify</i>):		CASE NUMBER:

TO ATTORNEYS AND PARTIES WITHOUT ATTORNEYS: A dismissal was entered in this action by the clerk as shown on the Request for Dismissal. (*Attach a copy completed by the clerk.*)

Date:

.....

(TYPE OR PRINT NAME OF ☐ ATTORNEY ☐ PARTY WITHOUT ATTORNEY)

}

(SIGNATURE)

PROOF OF SERVICE

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred. My residence or business address is:

2. ☐ I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by mailing them, in a sealed envelope with postage fully prepaid, as follows:
- a. ☐ I deposited the envelope with the United States Postal Service.
 - b. ☐ I placed the envelope for collection and processing for mailing following this business's ordinary practice with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
 - c. Date of deposit:
 - d. Place of deposit (*city and state*):
 - e. Addressed as follows (*name and address*):

3. ☐ I served a copy of the Notice of Entry of Dismissal and Request for Dismissal by personally delivering copies to the person served as shown below:

Name:	Date:	Time:	Address:
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4. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

.....

(TYPE OR PRINT NAME)

}

(SIGNATURE OF DECLARANT)